

ANTELOPE VALLEY AIR QUALITY MANAGEMENT DISTRICT MOBILE SOURCE EMISSIONS REDUCTION PROGRAM APPLICATION

All applicants must complete this form.
Please print or type all information on this and any attached applications.

APPLICANT INFORMATION					
Company Name		Mailing Address			
Type of Business					
Contact Person		City			
Title		State		ZIP	
Phone Number		Fill in project address below if different from mailing address			
Fax Number		Physical Address			
E-mail Address		City			
Name and title of person who will sign Agreement	Name	State		ZIP	
	Title				

Vehicle / Equipment / Engine Vendor Information					
Contact		Address			
Company		City			
Phone		State		ZIP	
Fax		E-mail			

Third Party application preparation:

Printed Name of Responsible Party:	Title:
Company:	
Signature of Responsible Party:	Date:

Please read each section and initial in the space provided

- _____ The purchase of this low-emission technology is NOT required by any local, state, and/or federal rule or regulation.
- _____ I understand that an IRS Form 1099 will be issued to me for incentive funds received under the AVAQMD Mobile Source Emission Reduction Program. I understand that it is my responsibility to determine the tax liability associated with participating in the Program.
- _____ I understand that reimbursement of any grant funds awarded **cannot** be processed without a completed W-9 form.
- _____ I understand that Projects funded via this program cannot generate Emission Reduction Credits (ERCs) pursuant to AVAQMD Regulation XIV.
- _____ All project cost estimates must be accompanied by proper documentation.
- _____ I understand that recordkeeping and reporting may be required for a project lifetime to be determined by AVAQMD staff and specified in the project agreement/scope of work

Application Statement

All information provided in this application will be used by the Antelope Valley Air Quality Management District to evaluate the eligibility of this application to receive incentive funds. AVAQMD staff reserves the right to request additional information of the applicant and can deny the application if such information is not provided.

- ✦ I certify to the best of my knowledge that the information contained in this application is true and correct.
- ✦ I have the legal authority to apply for incentive funding for the entity described in this application.

Printed Name of Responsible Party:	Title:
Signature of Responsible Party:	Date:

WORK STATEMENT/SCHEDULE OF DELIVERABLES
All applicants must provide the information specified on this form.

Provide the information detailed below. Attach additional pages if necessary.

- ✦ A program schedule, with project milestones and dates clearly identified;

PROJECT INFORMATION

Project Type (check one):

- ☐ Off Road Cleaner Vehicle
 - ☐ On Road Cleaner Vehicle
 - ☐ Signal Coordination
 - ☐ Alternative Fuels infrastructure
 - ☐ Trip Reduction Strategy (includes Park and Ride Lots, telecommunication projects,
 - ☐ other :

Please give brief project description and explain how proposed project reduces mobile source emissions – attach additional sheets if necessary:

Cleaner Vehicle Projects:

Operation within California (%):	Operation within AVAQMD Boundaries (%):
Annual Hours/Miles Spent within AVAQMD Boundaries:	
Estimated Annual Fuel Consumption:	

Information on vehicle to be replaced:

Make:		Model:		Model Year:	GVWR:
Vehicle Identification Number:		Fleet ID Number:	License Plate:	Odometer Reading:	Vehicle Type:
Engine Make:	Engine Model:	Model Year:	Serial Number:	HP:	Hour Meter:
Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> LPG <input type="checkbox"/> Diesel <input type="checkbox"/> Gasoline <input type="checkbox"/> Other: _____					

Information on proposed new vehicle

Make:	Model:	Model Year:	Serial Number:	HP:	Hour Meter:
Engine Make		Engine Model	HP	Bus Type::	
Fuel Type: <input type="checkbox"/> CNG <input type="checkbox"/> LNG <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____					
Fuel Type: Describe how and where equipment will be refueled (on-site, existing facility, mobile equipment)					
Total AFV Cost:		Total cost of conventionally fueled like vehicle:		Total Incentive Sought:	
Certified Emission Level:		List any other financial incentives/programs (tax credits, deductions, grants, or other public assistance) applied to project:			

Infrastructure and all other project categories:

Detailed project description/ proposed scope of work: ATTACH ADDITIONAL PAGES IF NECESSARY

Total Incentive Sought:

Trip Reduction Strategy :

Detailed project description/ proposed scope of work:
Auto trips eliminated (trips one way per week)
Length of auto trips eliminated (one way)
New auto trips (trips one way per week)
Length of new auto trips (one way)
Weeks of operation per year:

Total Incentive Sought:

Signal Coordination Projects:

Detailed project description/ proposed scope of work:
Traffic Volume during congested period (trips per day):
Length of congested roadway segment:
Days of operation per year:
Project lifetime:
Total Incentive Sought:

Print or type See Specific Instructions on page 2	Form W-9 (Rev. January 2003) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
	Name _____		
	Business name, if different from above _____		
	Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶ _____		<input type="checkbox"/> Exempt from backup withholding
	Address (number, street, and apt. or suite no.) _____		Requester's name and address (optional) _____
	City, state, and ZIP code _____		
	List account number(s) here (optional) _____		
Part I Taxpayer Identification Number (TIN)			
<p>Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.</p> <p>Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>			
		Social security number	
		or	
		Employer identification number	
Part II Certification			
Under penalties of perjury, I certify that:			
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and			
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and			
3. I am a U.S. person (including a U.S. resident alien).			
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)			
Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____	
Purpose of Form			
A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.			
U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:			
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),			
2. Certify that you are not subject to backup withholding,			
or			
3. Claim exemption from backup withholding if you are a U.S. exempt payee.			
Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.			
Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515 , Withholding of Tax on Nonresident Aliens and Foreign Entities).			
Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.			
If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:			
1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.			
2. The treaty article addressing the income.			
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.			
4. The type and amount of income that qualifies for the exemption from tax.			
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.			